



# Holy Trinity Preschool

6322 South Lakeview Street

Littleton, CO 80120

Phone: 303-797-6345

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# REGISTRATION FORM

Fall 2026 – 2027 Registration form

August 11, 2025-May 21, 2026

Registration opens on January 5<sup>th</sup> for current families and February 9<sup>th</sup> for new families.

Child's Name: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_

Child's Home Address: \_\_\_\_\_

Circle Which Class:

City

State

Zip

6wks – 18mo. Full-Time

Only Lil' Pandas

12mo 18mo.

Full – Time Only Lil' Dinos

6wks – 18mo. Full-Time Only

\$416.00 Per WK

18mo. Lil'Cubs

2 yrs Lil' Kangas

Please mark the days and times you would like your child to attend.  
(Example: under Monday 8:00-5:00)

Times your child will attend:

Mon

Tues

Wed

Thurs

Fri

Preschool Day (8:30am – 12:30pm)

\$50.00

Enrichment 5 hours of care

\$56.00

Enrichment 6 hours of care

\$62.00

Enrichment 7 hours of care

\$68.00

Enrichment 8 hours of care

\$74.00

Enrichment 9 hours of care

\$80.00

Enrichment Full Day 7:30-5

\$86.00

3yrs/4yrs Elephants

Jr. Kindergarten

UPK Hours:

Mon– Wed 9:00 – 1:00

Thursday 9:00 – 12:00

\*Must be potty trained

UPK Zebras

Additional Hours: Not Provided by the state

Please mark the days and times you would like your child to attend. (Example: under Monday 8:00-5:00)

Times your child will attend:

Mon

Tues

Wed

Thurs

Fri

Preschool Day (8am – 12pm)

\$43.00

Enrichment 5 hours of care

\$49.00

Enrichment 6 hours of care

\$55.00

Enrichment 7 hours of care

\$61.00

Enrichment 8 hours of care

\$67.00

Enrichment 9 hours of care

\$73.00

Enrichment Full Day 7:30-5

\$79.00

Tuition will be charged at the end of each week. Sick/Vacation & Holidays days are non-refundable Annual Registration fee of \$165.00 per child is due at the time of registration. This is a one-time, non-refundable yearly fee that secures your child's spot and offsets yearly program costs.

Primary Contact Name: \_\_\_\_\_ Primary Contact Phone: \_\_\_\_\_

Primary Contact Email: \_\_\_\_\_

Secondary Contact Name: \_\_\_\_\_ Secondary Contact Phone: \_\_\_\_\_

Secondary Contact Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For office use:

Date Registration form received: \_\_\_\_\_ Wait list? \_\_\_\_\_ Registration fee received: \_\_\_\_\_ Family in Early

Learning Ventures: \_\_\_\_\_

Weekly Tuition: \_\_\_\_\_